



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Developmental Options, Inc.	Region(s):	6
Agency Type:	Res Hab	Survey Dates:	11/04/15-11/05/15
Certificate(s):	RHA-371	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors	One of four employees record lacked evidence of training per rule requirement. For example: Employee 1's record lack evidence received CPR and First Aid training prior to working with participants. The employee's date of hire was 04/01/15 and she worked with participant 1 from 04/06/15 to 05/28/15 without certification.	1. <i>The Executive Director has arranged for immediate access to CPR and First Aid training for those new hires that do not possess the certificates at time of employment.</i> 2. <i>The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all employee training files to identify any other training needs. Any missing training will be completed immediately.</i> 3. <i>The Residential Habilitation Supervisor.</i> 4. <i>The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all employee</i>	11/23/2015



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receive orientation training in the following areas: (3-29-12) 06. First Aid and CPR. First aid, CPR, and universal precautions.		<i>training files on a quarterly basis to insure compliance.</i>	
16.04.17.301.03.j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04) See IDAPA 16.05.06.190.01	<p>Four of five employee records lack documentation the agency printed a copy of the clearance letter within 14 calendar days of the clearance being accessible on the Department's website and maintain a copy readily available for inspection.</p> <p>For example:</p> <p>Employee 2, 3, 4 and 5's records lack a copy of the clearance letter per rule requirements.</p> <p>The citation corrected the deficiency during survey. The agency must address questions 2-4 on the Plan of Correction.</p>	<p>1. <i>This deficiency was corrected during the survey process.</i></p> <p>2. <i>The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all employee personnel files to identify any other missing clearance letters. Any missing clearance letters will be printed immediately and placed in the employee's personnel file.</i></p> <p>3. <i>The Residential Habilitation Supervisor and the Hiring Coordinator.</i></p> <p>4. <i>The Hiring Coordinator has been instructed to print the additional clearance letter page when the initial background check is completed. The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all employee personnel files</i></p>	11/23/2015



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		<i>on a semi-annual basis to insure compliance.</i>	
16.04.17.302.01.b. The agency must obtain authorization from the Department for reimbursement for each Medicaid-covered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515 (3-20-04)	One of four participant record lacked documentation the agency obtained authorization from the Department for reimbursement prior to providing Res Hab services. For example: Participant 3's record lacks documentation of an authorized plan for 04/15/15-04/15/16; there was an addendum for 01/07/15 only.	<ol style="list-style-type: none"> <i>1. The correct copy of the authorized plan has been obtained and placed in the participant's record.</i> <i>2. The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all participant files to insure the correct copy of participant plans are in the record. Any incorrect plans will be replaced with correct plans.</i> <i>3. The Residential Habilitation Supervisor.</i> <i>4. The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all Participant Records on a quarterly basis to insure compliance.</i> 	11/30/2015
16.04.17.302.02. Implementation Plan. Each participant must have an implementation plan that includes <u>goals and objectives specific to his plan of service</u> residential habilitation program.	Two of four participant records lack evidence the implementation plan includes goals and objectives specific to his plan of service res hab program.	<ol style="list-style-type: none"> <i>1. The Residential Habilitation Supervisor will communicate to the Target Service Coordinator what goals were identified to be worked on in the current plan year. An addendum will be</i> 	12/16/2015



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(3-20-04)	<p>For example: Participant 3's ISP goal under social skills "will verbalize an appropriate greeting without prompting and "will make on topic contributions" does not correlate with the PIP 9 & 10 which states "given a frustrating situation will verbalize an "I feel"... and "make physical contact with someone outside his family..."</p> <p>Participant 4's ISP addresses eye contact, please/thank you and shave or trim whiskers, which are not addressed in the PIP's.</p> <p>Repeat deficiency from December 19, 2012 survey.</p>	<p>requested to include correctly identified goals in the current Individual Program Plan</p> <p>2. The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all participant files to insure the current goals are on the approved service plan. Any plans that do not list the current goals will be modified to include the current goals.</p> <p>3. The Residential Habilitation Supervisor</p> <p>4. <i>The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all Participant Records on a quarterly basis to insure compliance.</i></p>	
6.04.17.302.03. Periodic Review. Review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program. (3-20-04)	<p>Four of four participant records lack documentation of a periodic review.</p> <p>For example: Participant 1, 2, 3 and 4's records lack documentation of quarterly review of</p>	<p>1. <i>The Residential Habilitation Supervisor will create a schedule for when the periodic review will occur each quarter. She will then create and monitor a checklist that will be initialed when each periodic review is completed.</i></p>	12/16/2015



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	participant satisfaction between 04/15 and 09/15.	<i>2. Each participant will be included in the schedule and checklist for periodic reviews. 3. The Residential Habilitation Supervisor. 4. The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all the Participant Records and Checklists on a quarterly basis to insure compliance.</i>	
16.04.17.400.02. Required Information. Records must include at least the following information: (3-20-04): c. Gender and marital status. (3-20-04)	Two of four participant records lack documentation of required documents. For example: Employee 3 and 4's profile sheets lacked marital status.	<i>1. The correct and current marital status will be entered into the participant's records. 2. The Residential Habilitation Program Director and Residential Habilitation Supervisor will review all participant files to insure the correct and current marital status is entered in the participant's records. 3. The Residential Habilitation Supervisor. 4. The Residential Habilitation Program Director and Residential Habilitation</i>	11/20/2015



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		<i>Supervisor will review all Participant Records on a quarterly basis to insure compliance.</i>	

Agency Representative & Title: Russell C. McCoy, Executive Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 11/20/2015
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 11/23/2015